Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

VED V AGGARWAL
1400 SOUTH MAIN STREET SUITE 406
FORT WORTH TEXAS 76104

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TPCIGA FOR PHICO INSURANCE CO

Carrier's Austin Representative Box

Box Number 50

MFDR Tracking Number

M4-04-8077-01

MFDR Date Received

April 1, 2004

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary taken from the table of disputed services: "Carrier has denied these CPT & HCPCs codes as global to the procedure. Per the CCI edits this does not appear to be correct."

Amount in Dispute: $521.06

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "This dispute involves global determination for surgical supplies for a service performed in a doctor's office."

Response Submitted by: Texas Property & Casualty Insurance Guaranty Association

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 21, 2004	A4649, A4215, 94760, J2250, J3490, J0670, A4646, J2000, J1040, 90784, J7120	$521.06	$32.19

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute resolution for which the dispute resolution request was filed on or after January 1, 2003.
2. 28 Texas Administrative Code §134.202 sets out the fee guideline for professional medical services provided between August 1, 2003 and March 1, 2008.
3. Division rule at 28 TAC §134.1, effective May 16, 2002, requires that services not identified in a fee guideline shall be reimbursed at fair and reasonable rates.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated February 17, 2004
   - F – If reduction, then processed according to the Texas Fee Guidelines.
   - G – N, Reimbursement withheld, included in global charge. Please submit documentation to support reimbursement.
   - F – Not according to treatment guidelines – The procedure code is invalid.
   - F – M, Reimbursement based upon the maximum allowable fee for this px based upon the state medical fee schedule, or if one not specified, UCR for this zip code area.
   - F – O, Denial after reconsideration. Reimbursement was based on the TWCC medical fee guidelines
   - O – G, N, Denial after reconsideration. Included in global charge. Please submit documentation to support reimbursement.

Issues

1. Did the requestor bill for bundled codes?
2. Are the disputed services bundled into other services rendered on the same day?
3. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.202 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section." CCI edits were run for date of service January 21, 2004. The following CCI edit conflicts were identified:
   - Medicare considers Procedure Code 94760 as a bundled service when other payable services 62310 are billed on the same day by the same provider. Reimbursement is therefore not recommended for CPT code 94760.
   - Procedure Code A4649 is an item or service for which payment is bundled into payment for other physician services.
   - No CCI edit conflicts were identified for procedure codes: A4215, J2250, J3490, J0670, A4646, J2000, J1040, 90784, and J7120. These codes will be reviewed according to the applicable fee guidelines.
2. Per 28 Texas Administrative Code §134.202 "(c) To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used. (2) for Healthcare Common Procedure Coding System (HCPCS) Level II codes A, E, J, K, and L: (A) 125% of the fee listed for the code in the Medicare Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) fee schedule. (B) if the code has no published Medicare rate, 125% of the published Texas Medicaid Fee Schedule Durable Medical Equipment/Medical Supplies Report J, for HCPCS; or (C) if neither paragraph (2)(A) nor (2)(B) of this section apply, then as calculated according to paragraph (6) of this subsection."
   - Review of the DMEPOS fee schedule (cgsmedicare.com) did not contain a fee schedule amount for HCPC codes A4646 and J3490.
   - Review of the Texas Medicaid Fee Schedule did not contain a fee schedule amount for HCPC codes A4646 and J3490.
   - Review of the Medicare Fee Schedule did not contain a fee schedule amount for CPT code 90784.
   - Procedure codes 90784, A4646 and J3490 are therefore subject to the provisions of 28 Texas Administrative Code §134.1.
   - Reimbursement was identified for procedure codes: A4215, J2250, J0670, J2000, J1040, and J7120. These codes will be reviewed according to the applicable fee guidelines

   Division rule at 28 TAC §134.1 requires that "Reimbursement for services not identified in an established fee guideline shall be reimbursed at fair and reasonable rates as described in the Texas Workers' Compensation Act, §413.011 until such period that specific fee guidelines are established by the commission."

   Texas Labor Code §413.011(d) requires that fee guidelines must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not

provide for payment of a fee in excess of the fee charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. It further requires that the Division consider the increased security of payment afforded by the Act in establishing the fee guidelines.

Former 28 Texas Administrative Code §133.307(g)(3)(D), effective January 1, 2003, 27 *Texas Register* 12282, applicable to disputes filed on or after January 1, 2003, requires the requestor to provide "documentation that discusses, demonstrates, and justifies that the payment amount being sought is a fair and reasonable rate of reimbursement." Review of the submitted documentation finds that:

- Procedure codes 90784, A4646 and J3490 do not have a Medicare or Texas Medicaid assigned value.
- Division rule at 28 TAC §134.1, effective May 16, 2002 requires that services not identified in a fee guideline shall be reimbursed at fair and reasonable rates.
- The requestor did not provide documentation to demonstrate how it determined its usual and customary charges for procedure codes 90784, A4646 and J3490.
- Documentation of the comparison of charges to other carriers was not presented for review.
- Documentation of the amount of reimbursement received for these same or similar services was not presented for review.
- The requestor did not submit documentation to support that payment of the amount sought is a fair and reasonable rate of reimbursement for the services in this dispute.
- The requestor did not support that the requested alternative reimbursement methodology would satisfy the requirements of 28 Texas Administrative Code §134.1.

The request for reimbursement is not supported. Thorough review of the submitted documentation finds that the requestor has not demonstrated or justified that payment of the amount sought would be a fair and reasonable rate of reimbursement. Payment cannot be recommended for or procedure codes 90784, A4646 and J3490.

3. Per 28 Texas Administrative Code §134.202 "(c) To determine the maximum allowable reimbursements (MARs) for professional services system participants shall apply the Medicare payment policies with the following minimal modifications: (1) for service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Surgery, Radiology, and Pathology the conversion factor to be used for determining reimbursement in the Texas workers' compensation system is the effective conversion factor adopted by CMS multiplied by 125%. For Anesthesiology services, the same conversion factor shall be used." The requestor submitted documentation to support the billing of the services noted below. The bill indicates the place of service as 11 which documents the services were rendered in an office setting. Review of the submitted documentation finds that the requestor supported the billing of the following procedure codes:
   - The requestor billed HCPCS code A4215. The Medicare fee schedule amount is $0.16x 125% = MAR $0.20. This amount is recommended.
   - The requestor billed HCPCS code J2250 x 2 units. The Medicare fee schedule amount is $1.28 x 125% = MAR $1.60 x 2 units = $3.20. The requestor seeks reimbursement in the amount of $2.84. This amount is recommended.
   - The requestor billed HCPCS code J0670. The Medicare fee schedule amount is $2.07 x 125% = MAR $2.59. The requestor seeks reimbursement in the amount of $2.31. This amount is recommended.
   - The requestor billed HCPCS code J2000. The Medicare fee schedule amount is $3.99 x 125% = MAR $4.99. The requestor seeks reimbursement in the amount of $4.46. This amount is recommended.
   - The requestor billed HCPCS code J1040. The Medicare fee schedule amount is $ 8.27 x 125% = MAR $10.34. The requestor seeks reimbursement in the amount of $9.25. This amount is recommended.
   - The requestor billed HCPCS code J7120. The Medicare fee schedule amount is $12.45 x 125% = MAR $15.56. The requestor seeks reimbursement in the amount of $13.13. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is $32.19.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of $32.19 plus applicable accrued interest per 28 Texas Administrative Code use §134.803 for dates of service prior to 5/2/06, due within 30 days of receipt of this Order.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	April 10, 2013 Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.